

## THE UNITED STATES OF AMERICA

## Fingerprint Notification

## CASE TYPE

N400 Application For Naturalization

## APPLICATION NUMBER

LIN\*000980417

## RECEIVED DATE

November 27, 2006

## PRIORITY DATE

November 27, 2006

## NOTICE DATE

December 08, 2006

## USCIS A#

A 047 917 872

## PAGE

1 of 1

## APPLICANT NAME AND MAILING ADDRESS

HATEM S J MORRAR  
# 206  
10441 NASHVILLE AVE  
CHICAGO RIDGE IL 60415

BIOMETRICS PROCESSING STAMP  
ASC SITE CODE:  
BIOMETRICS QA REVIEW BY:

ON  
TENPRINTS QA REVIEW BY:  
158 025 ON 12/21/06



To process your application, USCIS must take your fingerprints and have them cleared by the FBI. PLEASE APPEAR AT THE BELOW APPLICATION SUPPORT CENTER AT THE DATE AND TIME SPECIFIED. If you are unable to do so, complete the bottom of this notice and return the entire original notice to the address below. RESCHEDULING YOUR APPOINTMENT WILL DELAY YOUR APPLICATION. IF YOU FAIL TO APPEAR AS SCHEDULED BELOW OR FAIL TO REQUEST RESCHEDULING, YOUR APPLICATION WILL BE CONSIDERED ABANDONED.

## APPLICATION SUPPORT CENTER

CIS PULASKI  
5160 S. PULASKI AVE  
SUPER MALL, SPACE 101  
CHICAGO IL 60632

## DATE AND TIME OF APPOINTMENT

12/21/2006  
11:00 AM

WHEN YOU GO TO THE APPLICATION SUPPORT CENTER TO HAVE YOUR FINGERPRINTS TAKEN, YOU MUST BRING:

1. THIS APPOINTMENT NOTICE and
2. PHOTO IDENTIFICATION. Naturalization applicants must bring their Alien Registration Card. All other applicants must bring a passport, driver's license, national ID, military ID, or State-issued photo ID. If you appear without proper identification, you will not be fingerprinted.

PLEASE DISREGARD THIS NOTICE IF YOUR APPLICATION HAS ALREADY BEEN GRANTED.

## REQUEST FOR RESCHEDULING

Please reschedule my appointment for the next available: ☐ Wednesday afternoon ☐ Saturday afternoon

USCIS cannot guarantee the day preferred, but will do so to the extent possible.

Upon receipt of your request, you will be provided a new appointment notice. Please mail your request to:

CIS PULASKI  
5160 S. PULASKI AVE  
SUPER MALL, SPACE 101  
CHICAGO IL 60632

If you have any questions regarding this notice, please call 1-800-375-5283.

## APPLICATION NUMBER

LIN\*000980417

## APPLICANT COPY

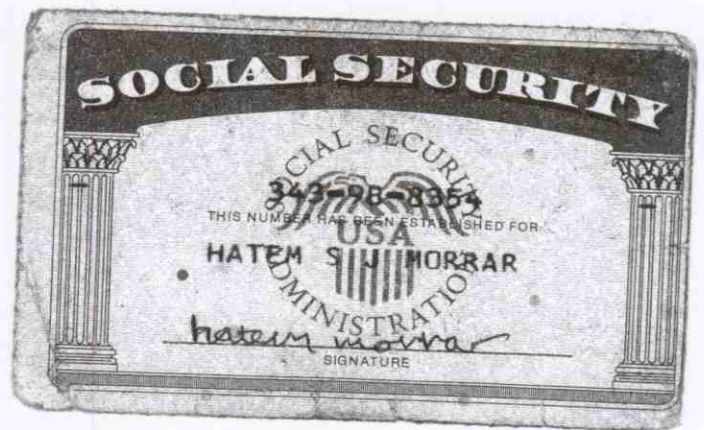


## WARNING!

Due to limited seating availability in our lobby areas, only persons who are necessary to assist with transportation or completing the fingerprint worksheet should accompany you.

08 C 151

For JUDGE NORDBERG  
MAGISTRATE JUDGE COLE





NECESSARY.  
 MINISTER OF THE INTERIOR  
 OR  
 DIRECTOR GENERAL OF  
 CIVIL REGISTRATION AND  
 PASSPORT DEPARTMENT

PASSPORT جواز سفر  
TRAVEL DOCUMENT

1713335



حاتم سليمان جبر مرار  
HATEM S J MORRAR

SAIDA

913496949

14-08-1982

## JERUSALEM

Male

19-06-2009

**NONE**

الإسم كاملاً  
FULL NAME

اسم الأم  
MOTHER NAME  
سعيدة  
رقم الهوية  
IDNO  
3496949

1982-08-14 تاريخ الميلاد

مكان الميلاد

PLACE OF BIRTH

دَر SEX

DATE OF EXPIRY

بدون PROFESSION

P<PS<HATEM<S<J<MORRAR<<SAIDA<<<<<<<<<<<<<<<<<

1713335<<7PSE8208145M0906191913496949<<<<42



# Change of Information Form

If any information shown below is incorrect, make corrections, sign, and return this half of card.

(DO NOT WRITE IN THE ABOVE SPACE)

SELECTIVE SERVICE NUMBER

SOCIAL SECURITY NUMBER

SEX

DATE OF BIRTH

LAST ACTION DATE

82-1852659-1

343-98-8354

M

08-14-82

06-27-02

## Dear Registrant:

Use the top half of this form to update and/or correct your information. Please review it carefully. Mark through any mistakes and write in the correct information. Then tear off the top portion of this card, add postage to the back and mail. If your information is correct, do not return this form. However, when any of your information changes, you are required to notify the Selective Service System within 10 days. If changing only your address, you may go to [www.sss.gov](http://www.sss.gov).

If you are concerned about the privacy of your personal data, mail this card to the Selective Service System in an envelope. Apply first class postage to the envelope.

FOR NONIMMIGRANTS: If you are on a valid visa and believe that you were registered in error, send this card and a copy of your I-94 to: Selective Service System, P.O. Box 94638, Palatine, IL 60094-4638. If you have any questions about the Selective Service System, call 1-847-688-6888.

Tell your friends they can register on-line at: <http://www.sss.gov>

Thank You!

OMB-3240-0003  
SSS Form 3B (MAR 02)

▲ TODAY'S DATE

▲ SIGNATURE OF REGISTRANT

NAME

HATEM S J

MORRAR

CURRENT MAILING ADDRESS

NUMBER AND STREET

11812 S KARLOV AVE

CITY

ALSIP

STATE

IL

ZIP

60803



U.S. Department of Justice  
Immigration and Naturalization Service

# Notice of Entry of Appearance as Attorney or Representative

**Appearances** - An appearance shall be filed on this form by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required. **Availability of Records** - During the time a case is pending, and except as otherwise provided in 8 CFR 103.2(b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he/she may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his/her receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

In re: Hatem Morrar

Date: 12/17/2007


File No. A047 917 872

I hereby enter my appearance as attorney for (or representative of), and at the request of the following named person(s):

|                                       |                                      |   |
|---------------------------------------|--------------------------------------|---|
| Name: Hatem Morrar                    | <input type="checkbox"/> Petitioner  | <input checked="" type="checkbox"/> Applicant |
|                                       | <input type="checkbox"/> Beneficiary |   |
| Address: (Apt. No.) (Number & Street) | (City)                               | (State) (Zip Code)                            |
| 10441 Nashvil, Suite 206              | Chicago Ridge, IL.                   | 60415   |
| Name:                                 | <input type="checkbox"/> Petitioner  | <input type="checkbox"/> Applicant            |
|                                       | <input type="checkbox"/> Beneficiary |   |
| Address: (Apt. No.) (Number & Street) | (City)                               | (State) (Zip Code)                            |

Check Applicable Item(s) below:


- ☒ 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia  
Illinois Supreme Court and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
- ☐ 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
- ☐ 3. I am associated with \_\_\_\_\_ the attorney of record previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
- ☐ 4. Others (Explain Fully.)

|  |  |
|--|--|
| SIGNATURE<br> | COMPLETE ADDRESS<br>8 S. Michigan Ave., Suite 3200<br>Chicago, IL. 60603 |
| NAME (Type or Print)<br>Reem H. Odeh   | TELEPHONE NUMBER<br>312-701-3000   |

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS:

  
(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:

|   |  |                    |
|---|--|--------------------|
| Name of Person Consenting<br>Hatem Morrar | Signature of Person Consenting<br> | Date<br>12/17/2007 |
|---|--|--------------------|

(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)

This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is contained in 8CFR 103.10 and 103.20 Et.SEQ.